

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>W.</u> FIRST <u>LANA</u> MI <u>W.</u>	OFFICE USE ONLY Date Received <u>17 JUN -2 PM 4:13</u> RECEIVED - CSO Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
	NICKNAME <u>-</u> LAST <u>WOLFF</u> SUFFIX <u>-</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1709 NORWOOD LN.</u> <u>ARLINGTON, TX 76013</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 274-5972</u> <u>-</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1709 NORWOOD LN.</u> <u>ARLINGTON, TX 76013</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 274-5972</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>04 / 29 / 2017</u> THROUGH <u>06 / 02 / 2017</u>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <u>06 / 10 / 2017</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>ARLINGTON CITY COUNCIL #5</u>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,850

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 8,937.90

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6,869.20

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,000

18 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lana Wolff
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lana Wolff, this the 2nd day of June, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Jillian Cloud Notary Public

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

LANA W. WOLFF

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5850 -
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1030.57
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 3000 -
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8937.90
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 OF 4

2 FILER NAME

LANA W. WOLFF

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/17

5 Full name of contributor

VINCE HRABAL

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100 —

6 Contributor address;

City; State; Zip Code

6514 KNOTTINGHAM
ARLINGTON TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/17

Full name of contributor

PETER SCOTT

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150 —

Contributor address;

City; State; Zip Code

3005 IRON STONE
ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/17

Full name of contributor

MIKE JARRETT

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100 —

Contributor address;

City; State; Zip Code

4706 WILD TURKEY TRAIL
ARLINGTON, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/17

Full name of contributor

HAMMER & NAILS CLUB

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250 —

Contributor address;

City; State; Zip Code

100 E. 15th ST. #600
FT. WORTH, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2 of 4</u>
2 FILER NAME <u>LANA W. WOLFF</u>		3 Filer ID (Ethics Commission Filers) _____
4 Date <u>5/4/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK CAFFEY</u> 6 Contributor address; City; State; Zip Code <u>7114 WALDON CT.</u> <u>COLLEYVILLE, TX 76034</u>	7 Amount of contribution (\$) <u>500</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/10/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LARRY FOWLER</u> Contributor address; City; State; Zip Code <u>4900 MORRIS HEIGHTS DR.</u> <u>ARLINGTON, TX 76016</u>	Amount of contribution (\$) <u>200</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/10/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CORRINE HAYES</u> Contributor address; City; State; Zip Code <u>2304 SKYLARK</u> <u>ARLINGTON, TX 76010</u>	Amount of contribution (\$) <u>100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/10/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES D. PRICE</u> Contributor address; City; State; Zip Code <u>2010 SILVER LEAF DR.</u> <u>PANTEGO, TX 76013</u>	Amount of contribution (\$) <u>200</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3 of 4</u>
2 FILER NAME <u>LANA W. WOLFF</u>		3 Filer ID (Ethics Commission Filers) <u> </u>
4 Date <u>5/10/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>E. B. JACKS</u> 6 Contributor address; City; State; Zip Code <u>2020 MONACO</u> <u>ARLINGTON, TX 76010</u>	7 Amount of contribution (\$) <u>100</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/10/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUE PHILLIPS</u> Contributor address; City; State; Zip Code <u>415 JOYCE</u> <u>ARLINGTON, TX 76010</u>	Amount of contribution (\$) <u>100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/10/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GEORGE HAGGARD</u> Contributor address; City; State; Zip Code <u>604 HIGHLAND</u> <u>ARLINGTON, TX 76010</u>	Amount of contribution (\$) <u>100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/12/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KATHRYN WILEMON</u> Contributor address; City; State; Zip Code <u>4100 SHADY VALLEY</u> <u>ARLINGTON, TX 76013</u>	Amount of contribution (\$) <u>1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

4 of 4

2 FILER NAME

LANA W. WOLFF

3 Filer ID (Ethics Commission Filers)

4 Date

5/10/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

CLAWSON CONSULTING, LLC

6 Contributor address; City; State; Zip Code

6319 LAKE RIDGE
ARLINGTON, TX 76016

7 Amount of contribution (\$)

300 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/18/17

Full name of contributor

☐ out-of-state PAC (ID#:

CLAY KELLEY

Contributor address; City; State; Zip Code

1300 CANTERBURY CT.
ARLINGTON, TX 76013

Amount of contribution (\$)

100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/17

Full name of contributor

☐ out-of-state PAC (ID#:

O.K. CARTER

Contributor address; City; State; Zip Code

2401 VILLAVEGA
ARLINGTON, TX 76017

Amount of contribution (\$)

50 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/17

Full name of contributor

☐ out-of-state PAC (ID#:

AATC

Contributor address; City; State; Zip Code

6350 BAKER BLVD.
FT. WORTH, TX 76118

Amount of contribution (\$)

2500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

Revised 9/8/2015

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>ONE</u>
2 FILER NAME <u>LANA W. WOLFF</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>3,000</u>
5 Date of loan <u>5/10/17</u>	7 Name of lender <u>SELF</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <u>3,000</u>
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>RETIRED/VOLUNTEER</u>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>TWO</u>		2 FILER NAME <u>LANA W. WOLFF</u>		3 Filer ID (Ethics Commission Filers) <u></u>	
4 Date <u>5-11-17</u>		5 Payee name <u>ALLEGRA</u>			
6 Amount (\$) <u>138.24</u>		7 Payee address; City; State; Zip Code <u>1021 W. ARCAM</u> <u>ARLINGTON, TX 76013</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>PRINTING</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>5-13-17</u>		Payee name <u>OFFICE DEPOT</u>			
Amount (\$) <u>104.96</u>		Payee address; City; State; Zip Code <u>1460 EAST CHASE PKY</u> <u>FT. WORTH, TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>PRINTING</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <u>5-15-17</u>		Payee name <u>MURPHY NASICA ASSOC</u>			
Amount (\$) <u>4,460.01</u>		Payee address; City; State; Zip Code <u>815 A. BRATOS #304</u> <u>AUSTIN, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> <u>INV. # 2017-447</u> <u>MAIL IN BALLOTS</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: - TWO -		2 FILER NAME LANA W. WOLFF		3 Filer ID (Ethics Commission Filers)	
4 Date 5-19-17		5 Payee name 3DI SIGN & DESIGN, INC.			
6 Amount (\$) 619.19		7 Payee address; City; State; Zip Code 1133 W. MAIN ARLINGTON, TX 76013			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTIZING YARD SIGNS		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-22-17		Payee name U.S. POST OFFICE PANTEGO			
Amount (\$) 162.80		Payee address; City; State; Zip Code 1114 S. BOWEN ARLINGTON, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) POSTAGE STAMPS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-31-17		Payee name MURPHY NASICA & ASSOC.			
Amount (\$) 3,457.70		Payee address; City; State; Zip Code 815 A. BRAZOS #304 AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTIZING INV. # 2017-305 GET OUT THE VOTE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					